

MUST BE TYPED OR PRINTED LEGIBLY

Please enclose \$50 application fee for each activity offered.

STATE OF MARYLAND

BOARD OF EXAMINERS OF PSYCHOLOGISTS

REQUEST BY SPONSOR FOR APPROVAL OF CONTINUING EDUCATION ACTIVITIES

Under COMAR 10.36.02.05

ONE FORM SHALL BE PREPARED FOR EACH ACTIVITY OFFERED

Name of Sponsor: _____

Title of Activity: _____

Date(s) to be given: _____

Total number of hours (Do not include breaks): _____

Maximum enrollment: _____

Brief description of purpose and content: (Enclose brochure or other advertising material) _____

Describe the intended audience: _____

Names and credentials of presenters (include curriculum vitae and evidence of expertise in areas of activity): _____

Once approved, this activity may continue to be offered unless there is substantive change in content, or faculty, in which case a new application is required.

Signature

Title

-----DO NOT WRITE BELOW THIS LINE-----

Fee Received: _____

Date: _____

Approved: _____

Date: _____

Disapproved: _____

Date: _____

Reason Disapproved: _____